

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90117 042 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000023052

1. Entity Name

TRAVELONE SERVICES & TOURS, INC.

Principal Place of Business

**8339 NW 12TH STREET
 MIAMI FL 33166**

Mailing Address

**8339 NW 12TH STREET
 MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3648333

Applied For

Not Applicable

Zip

33126

Country

Zip

33126

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTES, ALEJANDRO

**8661 NW 4TH TERRACE #3
 MIAMI FL 33126**

Name

CORTES, ALEJANDRO

Street Address (P.O. Box Number is Not Acceptable)

4000 W. ISLAND BLVD APT 1103

City

AVENTURA

FL

Zip Code

33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/02

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **CORTES, ALEJANDRO**
 STREET ADDRESS **8661 NW 4TH TERRACE #3**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PD** ☒ Change ☐ Addition
 NAME **CORTES, ALEJANDRO**
 STREET ADDRESS **4000 W. ISLAND BLVD APT 1103**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **TD** ☐ Delete
 NAME **VALDES, HECTOR**
 STREET ADDRESS **5001 COLLINS AVENUE APT 16E**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

(305) 717-3520

Date

Daytime Phone #

CR2E034 (9/01)